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THE THEORY OF SEXUALITY

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C A L I F O R N I A I N S T I T U T E O F T E C H N O L O G Y

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Sexuality has a central position in psychoanalytic theory and therapy and, in both spheres, it is treated in inconsistent and ambiguous ways, reflecting Freud's unfinished journey: the incomplete transition from a conventional to a critical world view. Freud's insights into the role of sexual factors in neurosis was one of his great early discoveries. Early forms of treatment were aimed at uncovering sexual traumas and, from the beginning, the general theory pictured sexual force as the primary motive in human life. This primacy of sexuality has continued to the present day, with many additions, permutations and elaborations, to be sure. The early view that neuroses were caused by a traumatic sexual experience -- typically a seduction -- was modified in several ways. Freud abandoned the seduction theory and placed greater emphasis on the sexual desires, wishes and fantasies of the child. Eventually, all these hypotheses concerning seductions, traumas and fantasies were encompassed in the larger theory of psychosexual development. Here, the balance of pleasurable and painful experiences with key persons at crucial stages of development -- oral, anal, oedipal -- were seen as the prototypes for later sexual-emotional disturbances of a correlated form. The theory of psychosexual development continues to provide a guiding frame for clinical

*Chapter 4 of Freud's Unfinished Journey: Conflict Between Conventional and Critical Paradigms in Psychoanalytic Theory.

work, though there has been much elaboration and change of emphasis by later psychoanalysts.

On the theoretical side, sexuality was given a prominent place from the very beginning: in one form or another it was viewed as the central motive of human life. As was true in the clinical sphere, the theory underwent many changes and elaborations: from "sexuality" to "libido" to the "the pleasure principle" to "Eros." It also overlaps, in ways that are not always clear, with "the id," and the concept of "instinct" itself. Later theoretical writings attempted to give a place to other motives or "forces", other sources of human motivation -- aggression, anxiety, guilt, and ego motives -- yet for Freud, none of these ever achieved the stature of sexuality.

Despite the many changes and developments in both the clinical and theoretical realms, the ambivalent and conflicting treatment of sexuality continued throughout Freud's work. On one level, this can be seen in the mixture of positive and negative feeling and value in writings that concern sexuality. It is described as the most powerful of human motives, and is frequently tied to neurotic sickness, perversion and symptoms. Yet, at other times, it is exalted as Eros, the energy of love, the great binding and cohesive force of civilization. And then, again, it is pictured as the infantile pleasure principle, manifested in selfish, narcissistic and antisocial forms. The pleasure principle itself is treated in a most contradictory way in the major theoretical work devoted to it, Beyond the Pleasure Principle of 1920, where

it is simultaneously tied to the forces of life and of death! These contrasting images illustrate the coexistence of value and feeling arising from the man-against-nature and the human-within-nature world views.

Within the conventional world view, the sexual side of human nature is felt as an enemy, as a dangerous temptation, as a threat to man's strength and sense of self. The sexual strictures of the Judeo-Christian tradition, the prudery of Victorian society, and such specific nineteenth-century beliefs as the virtues of female chastity or the destructive effects of autoerotism all illustrate this trend. In addition to expressing condemnation of sex, such views are male-centered: women, and the feminine side of men, are tied to the dangers of sexual pleasure. Sexuality as eros, its association with life, procreation and the forces of love, stem from the human-within-nature paradigm. Whether one views sexuality in one of these ways or the other leads to crucially different appraisals of its role in neurosis and other forms of psychological disturbance. Thus, one can "blame" neuroses on the sexual instinct or one can see them arising from the specific familial and social structurings of sexuality. In the first instance, one feels human beings are possessed of a dangerous, rapacious sexuality that can only be kept in check by the strongest of countermeasures. Life is a continuous struggle between this antisocial instinct -- the id -- and the controlling forces of civilization -- the superego. The best we can hope for are less malignant compromise formations. This view is consistent with --

indeed arises from -- the nineteenth century European conception of sexuality and the feminine. And this was, necessarily, Freud's starting place. Or one can view sexuality as malleable and open, its expression shaped in quite different ways in different persons, families and societies. Within this second view, neurosis arises from the particular way sexuality is treated: the timing, form and nature of taboos, frustrations and traumas. And this second position leads, inevitably, to a critical appraisal of the dominant society's conceptualization of sexuality and such closely related topics as masculinity-femininity, motherhood and the treatment of children, and the general dialectic of work-discipline versus play-pleasure.

Both of these themes should be familiar to those conversant with the treatment of sexuality in psychoanalysis. The war between the id and superego is well known, as is the image of id-sexuality-instinct as a "seething cauldron", ever-pressing for immediate discharge. Yet, on the other side, it is equally clear that psychoanalysis played a major role in the liberation of sexuality from repressive taboos and guilt; it is the starting place for most modern reappraisals of conventional male and female roles; and it has helped revolutionize the conception and treatment of sexuality, pleasure and play in infancy and childhood.

Freud's initial conception of sexuality arises from the nineteenth-century European cultural framework and his earliest attempts to develop a general theory of sexual instinct derives quite directly from this background. In addition to this specific

form of influence, many of the more general characteristics of this conventional world view played a role in shaping the theory. His background in science and commitment to a life of reason and order gave a necessary bias against erotic-ecstatic experience in the wider sense. The male-centered bias gave an obvious slant to those sides of sexuality tied to women -- particularly mother-infant sensual-sexual experience as the prototype of later relationships of love and intimacy. And the general commitment to what can be called dualistic or "split" views -- the persistent tendency to see things in either-or (reason-emotion, mind-body, masculine-feminine) dichotomies, one side of which is valued over the other -- played its role as well. All of these predispositions were present as Freud struggled to shape his theory of sexuality and its role in neurosis. They form the starting place for psychoanalysis -- both as therapy and theory -- which develops in a radically different direction from these origins while, paradoxically, never completely renouncing the early commitments and prejudices.¹

It is now time to support this general description of the incomplete transition in world views with a more detailed consideration of evidence.

FREUD'S FIRST THEORIES OF SEXUALITY

Psychoanalysis was born when Freud began his collaboration with Joseph Breuer on the cases eventually published in the jointly authored Studies on Hysteria (1895). In what follows we will consider that work in some detail, but first let us examine the rough early

form of Freud's ideas as we now know them from his correspondence with Wilhelm Fliess (Freud, 1887-1902). The Fliess letters and drafts are revealing in a number of ways. In general, Freud is struggling to make sense of the various neuroses -- the complex somatic and psychological conditions displayed by the patients that came to him. He is still much influenced by his earlier work in neurology and there is the attempt to write a "psychology for neurologists" -- The Project for a Scientific Psychology -- which he works on with fits of enthusiasm and despair, and eventually abandons short of publication (indeed we only know of it through the survival of the Fliess correspondence). Along with the attempt to describe his psychological findings in the neurological-reductive language of The Project, Freud is continually inventing and modifying various other hypotheses and theories and attempting to test them against his clinical observations. He is still caught up with various medical-psychiatric diagnostic schemes and organizes some of his hypotheses around them as categories: "anxiety neuroses", "hysteria", "neurasthenia in women", "neurasthenia in men", "mixed neuroses". It is also apparent from the drafts and comments sent to Fliess during this period that his own evaluation of his developing hypotheses was shifting and uncertain. He could not tell -- as indeed who could? -- which would become the cornerstones of psychoanalysis and which would be dropped by the wayside. Let us examine two of these developing lines of thought which receive much discussion in the Fliess papers, one that illustrates a progressive-critical and the other a regressive-conventional trend.

The first is the conception of inner conflict and defense, elaborated in The Studies and in several key papers of this period; the second is sexuality, its relationship to anxiety and its role in neurosis. Here are some quotations from a discussion of defense from a draft on paranoia sent to Fliess in 1895:

Now it is in fact the case that chronic paranoia in its classical form is a pathological mode of defence, like hysteria, obsessional neurosis and states of hallucinatory confusion. People become paranoid about things that they cannot tolerate -- provided always that they have a particular psychical disposition.

And, later in the same draft:

So what she was sparing herself was the self-reproach of being a "bad woman." And the same reproach was what reached her ears from outside. Thus, the subject-matter remained unaffected; what was changed was something in the placing of the whole thing. To start with it had been an internal reproach; now it was an imputation coming from outside. The judgment about her had been transposed outwards: people were saying what she would otherwise have said to herself. Something was gained by this. She would have had to accept the judgment from inside; but she could reject the one from outside. In this way the judgment, the reproach, was kept away from her ego. [Freud, 1887-1902, pp. 109 and 111. All italics in original.]

This, it seems to me, is as clear a statement of the basic conception of defense as Freud is ever to make. The major neuroses, he indicates, are pathological variations of the normal psychological processes by which person keep from themselves -- from consciousness, from their image of an acceptable self -- intolerable "reproaches" and impulses. The specific discussion of the paranoid

woman delineates projection in a manner that we would find acceptable today. And the discussion of other patients, in material from this period, treats similarly the sexual impulses of hysteria, the guilt and self-reproaches of obsessionals, and related clinical conditions. This theory will require much further work, of course. It lacks a developmental scheme and the idea of the internalization of key relationships -- the superego -- is yet to be stated. But all that will flow quite directly, as will many other aspects of psychoanalysis concerned with conflict and modes of conflict resolution. This basic early theory, and the later formulations that will be built on it, moves in that direction I have termed critical, for Freud's examination of internal conflicts involving the self and guilt ("self-reproach" in the quoted passage) will eventually take him to an examination of the role of civilization in the creation of neurotic conflict.

Side by side with the theory of defense are Freud's developing ideas on the role of sexuality in the neuroses. And if the theory of defense is clear, progressive and critical, the speculations concerning sexuality are inconsistent, shifting and mixed together with the conventional antisex prejudices of the era. Freud has made an important discovery: the correlation of something in the sex lives of his patients with their neurotic symptoms. The problem is in specifying just what the sexual factors are and in pinning down the interrelationship of sex, anxiety and neurotic symptoms. For a correlation or coincidence of factors is not the same as a causal relationship. It is in his attempts to specify the sexual factors and delineate

the direction of causality, that Freud falls back on conventional prejudices which saw children -- and women as well -- as asexual and potentially traumatized by exposure to sex, which looked with horror on autoeroticism of all kinds and, indeed, which seemed to stigmatize all forms of sexuality other than "normal" coitus between married adults. Thus, there is much speculation in the letters and drafts about sexual noxa, about the harmful effects of coitus interruptis, about sexual exhaustion leading to neurasthenia, about masturbation in childhood and adolescence setting the stage for adult neurosis, about the "sexual traumas" that innocent young women suffer when they get married (he reminds Fliess to keep these letters and drafts away from his young wife), and about the long-lasting and damaging effects of sexual pleasure -- seductions -- in early childhood. In some cases it seems that too much sexual stimulation is the problem; in others it is inappropriate timing; and in still others it is incomplete sexual release. But all these explanatory schemes rest on the idea of a dangerous instinct which must be carefully channeled into a narrow form of acceptable expression lest severe disturbance result.

The relationship of sexuality to anxiety is a closely related problem where a clear correlation is observed, but in which conventional sexual prejudice obscures the development of a sound theory. Anxiety and the many ideas, actions and symptoms related to it, is widely observed in the neurotic patients. But Freud's major hypothesis at this time is that anxiety is a secondary symptom; it results from sexual stimulation that is not discharged in the "normal" or adequate way. Thus, where the theory of defense sees guilt and self-reproaches

as the cause of defense and symptoms, this model sees anxiety and related symptoms as the results of improperly expressed sexuality. And where the first theory breaks fresh ground and prepares the way for the great psychoanalytic insights to come, the second interjects conventional prejudicial views of sexuality and women into psychoanalysis where they remain, under various guises, for a very long time.

SEX IN THE STUDIES ON HYSTERIA

Freud, as both curious investigator and physician concerned with the effective treatment of the deeply disturbed patients seen in his neurological practice, was drawn to Breuer's account of his treatment of "Anna O." Anna, the first psychoanalytic patient in a sense, was seen by Breuer alone between 1880 and 1882. Her treatment consisted chiefly of talking things out -- what she herself called "chimney sweeping" -- a method which appealed to Freud both as a potentially effective therapy (it is the forerunner of the cathartic method and free-association), and as a rich source of information to use in unravelling the mysteries of the psychoneurosis. He began his collaboration with Breuer on a series of cases and persevered alone after Breuer gave up the work, developing psychoanalysis as method and theory in the succeeding years.

The Studies is an extremely rich source of observations, ideas and hypotheses. When one reads it from today's vantage point, one can discern the embryonic form of many later psychoanalytic concepts, including: inner conflict, repression, defense, the unconscious, the role of childhood experiences in adult disturbance, the

symbolic expression of unacceptable aspects of the self, and over-determination. These brilliant new psychoanalytic ideas coexist with conventional notions about the harmful effects of masturbation, the "innocence" of young women and the generally threatening quality of sexuality. These critical new ideas and their conservative-regressive counterparts are mixed together in various blends throughout The Studies. For example, the "somatic" symptoms confront Freud and Breuer with a version of the mind-body or psychological vs. physical causation dilemma. There are several ways of handling this, but for the most part, The Studies takes a dualistic or "split" position. This is one example of the perpetuation of a conventional bias even as a new insight is developed. In a more general way, various new lines of explanation are explored in the first chapter and in the case studies. However, in the final chapter, authored by Freud alone, a general theory is put forth, a theory that begins to solidify around conventional assumptions. This theory is developed into the metapsychology proper in Freud's books and essays written during the next twenty-five years. Yet, during this development, other trends are kept alive in the style with which the metapsychology is written -- the particular way Freud weaves other strands into even the most mechanized theory. Let us trace this Janus-faced development of theory from its starting place in The Studies.

In the jointly-authored first chapter ("On the Psychical Mechanism of Hysterical Phenomena: Preliminary Communication"), Freud and Breuer present their initial theory of neurosis. Hysterics have experienced "traumas" at earlier points in their lives and the effects of these traumas remain active. "Hysterics suffer mainly from

reminiscences" (Standard Edition, vol. II, p. 7 -- all further quotations from The Studies are from that source), they state, because the normal processes by which the effects of trauma would be dissipated have not occurred, or have in some way been blocked. Here is how they put it:

The fading of a memory or the losing of its affect depends on various factors. The most important of these is whether there has been an energetic reaction to the event that provokes an affect. By "reaction" we here understand the whole class of voluntary and involuntary reflexes -- from tears to acts of revenge -- in which, as experience shows us, the affects are discharged. If this reaction takes place to a sufficient amount a large part of the affect disappears as a result. Linguistic usage bears witness to this fact of daily observation by such phrases as "to cry oneself out" and to "blow off steam." If the reaction is suppressed, the affect remains attached to the memory. An injury that has been repaid, even if only in words, is recollected quite differently from one that has had to be accepted. [p. 8]

This quotation captures the essence of the theory, yet so many possibilities, so many different lines of inquiry could move out from it. "Trauma" could -- and does in the example cited at this point in The Studies -- encompass the whole gamut of painful, unhappy and frustrating events that fill human life. "Affect," as the quotation itself illustrates, may include anger and sadness (crying) and, in later discussions, sexuality and all the emotions related to it. And the notion of discharge of an affect in an appropriate or normal direction opens the whole realm of social and cultural variation; for the "normal" way to express anger, sadness or love is always defined

and limited by social mores, rules and taboos. While these many lines of thought are suggested, they are not all followed at this time. A consideration of social-cultural factors comes much later, as does a differentiated model of the stages of child development.

This early theory of neurosis assumes that there are normal or healthy reactions to "traumatic" events. In the examples quoted above, these would be to cry or to "blow off steam" -- to express anger. When this healthy reaction is blocked, the affect is kept alive in a dammed-up form. The trauma, along with its associated complex of ideas, continues to exist in a "split-off consciousness" (an obvious early version of the unconscious). The treatment developed in accord with this model stressed the recovery of the forgotten trauma and the release of the blocked affects and associated ideas. This was principally in the form of a verbal-emotional outpouring -- "catharsis," "abreaction" -- to the physician who maintained a sympathetic interest in the patient.

In discussing the curative effect of catharsis, they state: "It brings to an end the operative force of the idea which was not abreacted in the first instance, by allowing its strangulated affect to find a way out through speech . . ." (p. 17). Here the key phrases are "operative force" and "strangulated affect." Action is impelled along some course or channel by a "force" associated with "affect" and when (for reasons largely unspecified in The Studies) this course is blocked, a state of "strangulated affect" leads to, or motivates neurotic symptoms.

We can note several things about this model before discussing Freud's further elaboration of it. First it is stated in terms derived fairly directly from the clinical work, and rests on observations available to any shrewd student of human behavior. When a loved person dies, the normal reaction is to cry; when one is insulted, to lash back in anger. If one reacts in these ways the affects or feelings eventually spend themselves. The neurotic does not do this, so in this sense he is driven by pent-up feelings. The examples and terms in The Studies are close to human experience: affect, trauma, memories, ideas -- even the new technical terms "catharsis" and "abreaction" have clear referents in "crying oneself out" or "blowing off steam." It is also important to note that a number of affects or emotional states -- crying, sadness, anger, revenge, love, grief and mourning -- are all implicated in the genesis of neuroses.

To sum up: the preliminary theory stresses the role of trauma (presumed real events) and undischarged or unexpressed affects and their related ideas. It is stated in a psycho-logical (as opposed to metapsychological) language, whose terms are taken directly from human experience (love, anger, revenge, grief) or are easily translatable to such experience (catharsis, abreaction). What does Freud do with this theory?

First, he keeps it. As was characteristic of his style, Freud develops new theories without giving up the earlier ones, which are left scattered throughout his writings like the archeological remains of a prior civilization. In this respect, his theory fits his own analogy of the unconscious as the city of Rome, with

the various layers from past to present all coexisting (see Civilization and Its Discontents, p. 29). I point out this feature of Freud's thought before discussing the main structure of the metapsychology he was erecting in order to alert the reader to the fact that these substructures coexisted from the beginning. While a theory stated in a language of psychological experience, and encompassing a variety of affective or emotional states, appears in various ways in later writings, the metapsychological version of the theory moved in a different direction -- a direction in which sexuality comes to stand for all affects and psychological-experiential terms are replaced with physicalist-energetic ones. Thus the metapsychology is reductionistic in two separable ways: 1) various affects and emotions are all subsumed under sexuality or libido and; 2) there is an attempt to reduce psychological-experiential phenomena to a language of physical entities and energies. In addition, the understanding of what is perhaps the crucial experiential aspect of neurosis -- anxiety -- gets sidetracked into a theoretical quagmire where it remains for thirty years. Let us follow these developments, beginning with the treatment of anxiety.

In the final chapter of The Studies Freud begins with the idea of blocked affect but soon modifies this in a way that both retains some of its original meaning while altering it in the direction of a general, sexual-libidinal energy. A typical quotation:

Thus, starting out from Breuer's method, I found myself engaged

in a consideration of the aetiology and mechanism of the neuroses in general. I was fortunate enough to arrive at some serviceable findings in a relatively short time. In the first place I was obliged to recognize that, insofar as one can speak of determining causes which lead to the acquisition of neuroses, their aetiology is to be looked for in sexual factors. [p. 257]

Anxiety appears at many points in The Studies. It was clear to Freud that many of the symptoms the patients displayed were connected to states of fear, fright, dread, and the like. In the early discussion he treats it on the same experiential level as the other affects. But he treats it quite differently in the final chapter when he is constructing the causal theory. There, anxiety is seen as the result of blocked sexual discharge. For example, Freud discusses "anxiety neurosis" in which symptoms or equivalents are "manifestations of anxiety, . . . [that] arise from an accumulation of physical tension, which is itself once more of sexual origin" (p.258). There follows a discussion in which various features of the neuroses -- phobias, hyperanesthesia to pain, hypochondria, obsessional ideas -- are all brought within a common framework: anxiety as blocked sexuality. A discussion of the cases follows in which the sexual root of each patient's hysteria is emphasized. Frau Emmy von N.'s anxiety and phobias "originated from sexual abstinence." Miss Lucy R. was "an over-mature girl with a need to be loved, whose affections had been too hastily aroused through misunderstanding." "Katharina was nothing less than a model of what I described as 'virginal anxiety.'" As we saw in the earlier consideration of the Fliess correspondence, Freud has observed a

correlation between anxiety and disturbed sexuality that can be interpreted in at least two ways. In constructing his theory he chooses to see anxiety as the result of "blocked" or "abnormal" sexuality, an idea consistent with conventional views of sex. The alternative is to see the anxiety as prior -- to see the disturbance in the sexual lives of his patients as a result of childhood experiences in which sex, bodily pleasure and love have become connected with anxiety, guilt and "self-reproaches." This second view is certainly "psychoanalytic," and we even see an early form of it in The Studies. But it is not the view that Freud used in the metapsychology; indeed, it only finds a place in theory thirty years later with the publication of Inhibitions, Symptoms and Anxiety.

Let me emphasize once again that many trends -- progressive and regressive, revolutionary-critical as well as conventional -- all coexist in Freud's work of this period. Sexuality is, of course, a central aspect of love -- especially when taken in its experiential rather than physical-discharge sense -- and the patients in The Studies show serious disturbances in their sexual-love relationships, as most neurotics do. Freud's focus on these, and the use of his new ideas of inner conflict, defense and the unconscious to illuminate them, is the beginning of the revolutionary psychoanalytic mode of understanding. Another great insight is the connection he makes between neurotic disturbance in adult life and experiences in childhood. Here he opens up a crucial area: the symbolic transformation of experience. At this point it is the idea that a "sexual trauma" from the past can be symbolically expressed in a symptom, a phobia

for example, or in a symbolism of the body -- loss of sensation, paralysis, or peculiar pains. Many of the psychoanalytic works in the immediately succeeding years are elaborations and extensions of this seminal idea. The theory of dream symbolism, treated at length in what Freud considered his greatest work, The Interpretation of Dreams of 1900, begins with the model of neurotic symptoms as symbols of inner conflict. Dreams, Freud argues, are also symbolic transformations of central conflicts. In a related way The Psychopathology of Everyday Life of 1901, and Jokes and Their Relation to the Unconscious of 1905 rest on the same essential idea. We should also note that in all three of these works, the conflicts that find their expression in symbolic form are not solely sexual. Aggression, pride, revenge, fear, guilt, envy, embarrassment: a number of emotions and "drives" are implicated in the unconscious conflicts that give rise to the dream, slip of the tongue, or joke. But when he comes to treat these same matters in the metapsychology, the multiple motives of inner conflict are replaced by sexuality and the idea of symbolic transformation is replaced by the theory of the discharge, and blocked discharge, of sexual energy.²

The emergence of physicalist reductionism can be seen in Freud's final chapter of The Studies where the conception of sexuality passes from a language of experience to one of libidinal energy. This reductive transformation goes hand-in-hand with his solution to the problem of how sexual factors are related to neuroses. For if, in the earlier discussion, the direction of the

correlation was not clear, the dominant idea now is a concrete, nonsymbolic, literal or physicalistic one. It is, as well, a conception that perpetuates conventional sexual prejudice. Symptoms are caused by excessive sexual arousal in childhood, masturbation, and other forms of sexual-sensual gratification. Similarly, dammed-up sexuality due to abstinence or coitus interruptis is assumed to produce anxiety -- in the colloquial sense of "nervousness" -- and related symptoms. In his paper on "Sexuality in the Aetiology of the Neurosis," published three years after The Studies, when he has developed a more recognizable psychoanalytic technique and was working on The Interpretation of Dreams, he still holds this concrete view. He begins with a long argument in which he counsels physicians and others to overcome their reservations and deal more openly with sexuality which is, after all, a natural, biological function. But as the argument proceeds, a view which is both conventional and nonsymbolic dominates:

Masturbation is far commoner among grown-up girls and mature men than is generally supposed, and it has a harmful effect not only by producing neurasthenic symptoms, but also because it keeps patients under the weight of what they feel to be a disgraceful secret. . . . If physicians knew that all the while the patient was struggling against his sexual habit and that he was in despair because he had once more been obliged to give way to it, if they understood how to win his secret from him, to make it less serious in his eyes and to support him in his fight against the habit, then the success of their therapeutic efforts might in this way well be assured.

[Standard Edition, vol. III, p. 275]

In the discussion that follows, Freud's stance with regard to sex is again clear. It is a normal or natural function, and nothing to be ashamed of, only in a very restricted sense: one assumes heterosexual relations between adults. Masturbation in children or adults, arousal without "normal" consummation, abstinence, all produce symptoms. This quotation illustrates the persistence of nineteenth century sexual prejudices -- that one must fight against the evil habit -- but Freud's own words are open to another interpretation -- that is not the physically dammed-up sex, but the meaning of the sexual activity (the feeling that sex is "a disgraceful secret") that is central to neurosis. And indeed, this was a course that he increasingly took in his later work, though not always so. Let us now turn our attention to these later developments.

SEXUALITY IN PSYCHOANALYTIC THEORY AFTER 1900

The first of the Three Essays on the Theory of Sexuality (1905) presents a very careful discussion of homosexuality and perversions in which Freud's awareness of cultural variations in the definition and determination of these phenomena, and the many subtle factors involved in their genesis and maintenance, is quite striking. But the ambivalence -- the contradictory treatment of sexuality -- does not disappear in the post-1900 works, for despite the balanced treatment in the first section of The Three Essays, the later portions give way to theorizing which not only reduces all affects to sexuality but which attempts to reduce a wide range of additional human actions to this source as well.

Thus: "it is easy to establish, whether by contemporary observation or by subsequent research, that all comparatively intense affective processes, including even terrifying ones, trench upon sexuality -- a fact which may incidentally help to explain the pathogenic effect of emotions of the kind" [p. 203]. The examples cited in this later section of The Three Essays attempt to demonstrate the sexual root of a variety of emotional and behavioral states including fear, curiosity, muscular activity and intellectual work. Thus,

in school children dread of going in for an examination or tension over a difficult piece of work can be important not only in affecting the child's relations at school, but also in bringing about an eruption of sexual manifestations. For quite often in such circumstances a stimulus may be felt which urges the child to touch his genitals, or something may take place akin to nocturnal emission with all its bewildering consequences. [p. 203].

And, more generally,

finally, it is an unmistakable fact that concentration of the attention upon an intellectual task and intellectual strain in general produce a concomitant sexual excitation in many young people as well as adults. This is no doubt the only justifiable basis for what is in other respects the questionable practice of ascribing nervous disorders to intellectual "overwork" [p. 204].

Similar arguments are advanced for muscular activity; that is, children engage in it as a substitute for sexual pleasure or because of the hidden pleasure they derive from it, and for pain which, again, is linked up with sexual excitement.

These examples contain some brilliant psychoanalytic

insights, of course. Intellectual work, looking, and curiosity more generally, may all become sexualized and so participate in neurotic symptoms and conflict. Similarly, some phobias, or the seeking of pain characteristic of certain masochistic persons, involve sexual conflicts in very intense and important ways. But, in the examples just cited, Freud goes far beyond this. He argues that all affective processes are sexual, and the examples and discussion clearly show the development of theory in which one motive force -- sexuality -- lies at the base of a variety of activities that are seemingly motivated in other ways. The other affects -- anxiety, anger, fear, grief -- present in the early discussion, have all been relegated to secondary positions, with sexuality the primary motive force.

A theory which attempts to explain so many human actions and feelings solely in terms of sexuality creates more problems than it solves. To illustrate this, let us look at an example of sexualized looking from one of Freud's own case studies: The Rat Man (Notes Upon a Case of Obsessional Neurosis, 1909). In addition to the case as originally published, Freud's daily notes are now available and these throw important additional light on the connection between sex-fear-guilt and looking. The Rat Man suffered from a great number of sexual inhibitions, compulsive acts and rituals, obsessive thoughts and fears. Central to his disturbed state was the horrible image, which he could not get out of his mind, of a torture in which rats are placed on a victim's buttocks and bore their way into the anus. He kept thinking that this torture would be

visited on certain of his loved ones. How does Freud make sense of all this? One way is by understanding the inhibitions in his patient's sex life: the Rat Man was rarely able to consummate sexual relations; indeed it was difficult for him to even touch women. He was more involved with thoughts and ideas and with looking, which had acquired a strongly sexual flavor. Thus Freud notes: "but there was never mutual contact but only looking and at most pleasure from it. Looking took the place of touching for him" [p. 309]. Freud's notes in the analytic hour immediately preceding this observation are extremely illuminating. The hour begins with the Rat Man's angry thoughts at an older sister (Constanze). These lead directly to fantasies of the rat torture (his "great obsessive fear") being applied to her and then to himself. Associations and interpretations by Freud connect these fantasies with anal-pleasurable feelings associated with itching in the anus and enemas received as a child and then "the greatest fright of his life": he was playing with a stuffed bird when he felt its wings move and was terrified it had come to life. Freud connects this with the death of the patient's other older sister (Katherine) which occurred when he was about four or five. Freud then states, "I gave another interpretation of it, (the dead bird seemingly come to life) namely as an erection caused by the action of his hands. I traced the connection with death from his having been threatened with death at a prehistoric period if he touched himself and brought about an erection of his penis, and suggested that he attributed his sister's death to masturbating" (p. 309).

This passage then leads to the material on sexual looking

in place of touching. Other material in the original notes indicates that the patient engaged in sexual play with his sisters, including Katherine who died. Thus, it seems likely that sexual touching came to acquire a very special significance for the Rat Man: he was told that if he "touched himself" he would die (and/or that his penis would be cut off); he then engaged in sexual touching with his sisters, and Katherine did die -- giving a terrifying reality to the threats in his young mind. As an adolescent and adult, the arousal of sexual feelings, especially when mixed with anger toward women, rearoused this terrible fear. "Looking" evolved as a compromise by which he obtained some pleasure while avoiding what he was convinced, unconsciously, would lead to death.

This explanation seems Freudian enough and one might ask why I go into such detail about it. I do so to contrast it with the "sexual theory of neurosis," as in the passage already quoted from The Three Essays, which implies that looking is always, or routinely, motivated by sexual energy or libido. I think the example from the Rat Man case shows that it takes a very special set of circumstances -- growing up in a family/society which makes terrible threats to children about their sexual-sensual play and the actual death of a sibling involved in such play -- to create the intense unconscious conflicts around sexual arousal, feeling, touching and the subsequent compromise substitution of looking for touching.

To sum up the discussion at this point: we have seen how Freud's thought moved off from the early cases in The Studies in several interrelated directions. The early hypotheses implicated

traumatic experiences and a number of affective or emotional states which became disturbed or blocked and that were connected with anxiety and a variety of neurotic symptoms. These affects and states included sexuality, anger, fear, death, grief, and others. In addition, these early works present the essential psychoanalytic conception of the symbolic transformation of experience. This model is central to the theory of neurosis as an expression of unconscious conflicts, and is elaborated in the books and papers dealing with dreams, jokes, the psychopathology of everyday life, sexual perversions, and related topics.

While all these ideas were kept alive in Freud's writings in various ways, the causal theory or metapsychology that he pursued in his subsequent works tended to reduce these various phenomena to positions of secondary importance, and to elevate sexuality to the primary motive. In addition, sexuality as a concrete activity observed in the clinical cases was conflated in the metapsychology with much more general ideas concerning the discharge of energy. The reductive, neuropsychological model of The Project, with all its mechanistic, dualistic assumptions, was brought back into the psychological theory in a new guise: it makes its appearance as the model of the mind in Chapter 7 of The Interpretation of Dreams, and it is seen thereafter in the language of libidinal energy, cathexis, pleasure as the discharge of energy, and related ideas. The metapsychology thus brings together two powerful, conventional trends: the belief that theory should have a physcialist-mechanistic form and the belief that sexuality is basically a harmful activity. What happened thereafter is somewhat difficult

to follow because these two trends are confounded. Here is how it worked, as I see it: Freud's early views on the causal role of sexuality in the neuroses were based on the conventional antisex ideas of his time. The neuropsychological model of the mind, taken from other sources, contained the idea of energy build-up and discharge. In all versions of the metapsychology -- from The Project and The Interpretation of Dreams on -- pain is defined as the buildup of energy and pleasure is equated with energy discharge. These two conceptual schemes are loosely connected together with "sexual discharge" -- presumably ejaculation and/or orgasm -- as the semantic link. The conventional idea that most sexual pleasure -- too much, too little, masturbation, -- is harmful appears in the metapsychology as the seemingly abstract idea of the accumulation of energy: the disruptive effects of excess libido, the id as a "seething cauldron," the pleasure principle leading to death, and related notions. Since these more abstract appearing ideas were disconnected from their prejudicial roots, they did not change as Freud, as a result of psychoanalytic insights gained in his clinical work, came to see sexuality quite differently. In this respect, the metapsychology is like a neurotic symptom, the encapsulated nature of its infantile core is not modified by later reality testing.

We now know that both as a neuropsychology and a theory of sexuality, the metapsychology is a failure.³ Yet it has lingered on, in my view, because it is linked with these two important aspects of the conventional world view. It has remained, in other words, because it is politically safe: it gives the appearance of tying psychoanalysis

to science, on the one hand, and dissociating it from any hint of sexual libertinism, on the other. Both of these are mistaken aims, the first for the reasons I elaborated in the preceding chapter, and the second because it runs counter to the whole thrust of what psychoanalysis is really about: the liberation of the individual from the crippling anxiety and guilt of the past.

FREUD'S FLUID STYLE

The two paradigms or world views are interwoven throughout much of Freud's work. Indeed, it was not uncommon for him to write from both perspectives in the same paper; and this was as true of theoretical works as it was of case material. How was he able to keep the contradictory paradigms in coexistence for so long? One way was by ignoring inconsistencies and contradictions -- in this he illustrates Emerson's epigram that "a foolish consistency is the hobgoblin of little minds." But the major means was with a very unique style, a style that enabled him to seem scientific when writing about human affairs and human when constructing physicalistic theory. It is characteristic of the style that on the one hand he populates the mechanized theory or metapsychology with all sorts of personalized, emotional, intentional imagery while, on the other, the accounts of real persons in action -- the case studies and clinical examples -- are encumbered with mechanistic terminology and explanations. An examination of this stylalistic interweaving of paradigms will also reveal the way the conventional views regarding sexuality were carried forward in disguised form.

Here is an example, taken from Chapter VII of The Interpretation of Dreams:

It may happen that the sleeping ego takes a still larger share in the constructing of the dream, that it reacts to the satisfying of the repressed wish with violent indignation and itself puts an end to the dream with an outburst of anxiety.
[p. 55]

We see how a purportedly mechanistic model is animated, is brought to life, with human imagery. This same fluid blending of assumptions and images, is characteristic of most of Freud's theoretical work.⁴

Two of the key metapsychological papers are On Narcissism: An Introduction, 1914 and Instincts and Their Vicissitudes, 1915. In both of these, Freud begins by outlining a conception of instinct in terms of "stimuli," "reflexes," "energy," and "discharge," while, at the same time, describing these instincts in a language that animates and humanizes them. Thus, in the 1915 paper, the "nervous system" has the "task . . . of mastering stimuli" [p. 120]; instincts "exert pressure" and have "aims" which may be "passive" or "active" [p. 122]; and these "aims" are directed to "objects" which may be other persons or parts of one's own body [p. 123]. In the 1914 paper he speaks of, "an indifferent psychical energy which only becomes libido through the act of cathecting an object" [p. 78]. These examples may be taken as descriptions of a mechanical system, but the style -- the words and images -- leave them open to an anthropomorphic interpretation as well. For it is we humans who have "tasks" to be "mastered," whose lives are filled with "aims" and

"purposes," who are sometimes "active" and at other times "passive," and who seek satisfaction in others ("objects") and our own bodies. And surely only living beings can feel "indifferent"!

Freud's style permits him to keep the two paradigms in a state of uneasy coexistence. But it served another purpose as well, for the conventional view of a menacing sexual instinct is perpetuated in these papers albeit disguised as metapsychological theory. In Instincts and Their Vicissitudes Freud speaks of "stimuli" from the "outer world" which impinge on "living tissue" which acts to "discharge" such stimulation. This describes the relationship between organism and reality. "Instincts" are also "stimuli," but they have a different origin: instincts are "stimuli to the mind." That is, Freud makes the distinction between stimuli which arise outside the organism (reality) and those which arise within, equating instincts with this second group. Since they arise within us, we cannot escape them. Instinct,

Never operates as a force giving a momentary impact but always as a constant one. Moreover since it impinges not from without but from within the organism, no flight can avail against it.

[S.E., vol. 14, p. 118]

And later:

It (the organism) will be aware of stimuli which can be avoided by muscular action (flight); these it ascribes to an external world. On the other hand, it will also be aware of stimuli against which such action is of no avail and whose character of constant pressure persists in spite of it; these stimuli are the sign of an internal world, the evidence of instinctual needs. [p. 119]

A bit further, Freud restates the basic tendency of the organism:

The nervous system is an apparatus which has the function of getting rid of the stimuli that reach it, or of reducing them to the lowest possible level; or which, if it were feasible, would maintain itself in an altogether unstimulated condition. [p. 120]

These quotations point up an essential underlying assumption of the metapsychology: nature, and our own nature, are both against us. "Reality" is pictured as "stimuli" which irritate the organism, who attempts to flee from it. Nothing is said about stimuli of an inherent attractiveness that the organism is drawn towards. Instinct is the inner "reality" and it, too, is an irritant from which one seeks escape. But since it is "inside," escape is impossible. Pleasure consists in the absence of stimulation.

The conception of instinct-sexuality, brought out in these quotations, is revealing in a number of ways. Many of the assumptions of the conventional world view are operative: the passive-reactive organism pushed and pulled by physical forces and energies, and the tendency to view life in dualistic or "split terms: an environment which impinges on an organism that is separate from it, a body which impinges on an independently existing mind. And finally, there is the assumption of the antagonistic nature of instincts themselves. Instinct is a "force" that "impinges . . . no flight can avail against it." Thus instinct, even more than reality, is an enemy.

Our instincts -- and sex is the main referent here -- are against us; they disturb our peaceful-pleasurable state and we strive to escape them. They arise from our bodies as "stimuli upon the

mind" -- irritants -- and thus our bodies, too, are against us. Such "instinctual force" is likened to an external reality which, while not as persistently irritating, is still a potential disrupter of our happiness. Thus, the embattled organism is besieged by hostile forces from within his own body and from the outside world; one might almost call this a paranoid version of human nature. Lest the reader think I am exaggerating Freud's view, simply think of the way the relationships between instinct, person and environment are stated in such later works as The Ego and The Id, 1923. What is earlier termed instinct becomes "the id" -- the "seething cauldron" of impulses ever threatening to erupt. And what is here "the organism" is later "the ego," steering its precarious way between id-instinct, the moral commands of the superego, and a threatening reality. Here is how Freud puts it in The New Introductory Lectures of 1933:

The poor ego has things even worse: it serves three severe masters and does what it can to bring their claims and demands into harmony with one another. These claims are always divergent and often seem incompatible. No wonder that the ego so often fails in its task. Its three tyrannical masters are the external world, the superego and the id. . . . It feels hemmed in on three sides, threatened by three kinds of dangers, to which, if it is hard pressed, it reacts by generating anxiety. [p. 77]

Again, it is worth stressing that another image is simultaneously alive in Freud, one that relates instinct and sexuality to Eros or love, to the great binding forces of human social life. Where the first view sees sexuality in terms of split-up acts -- intercourse, masturbation, sucking, perversions -- that

discharge energy and give pleasure to individuals who are termed "objects," the second speaks of interactions between whole persons who love, hate, give pleasure -- sexual and in other forms -- as well as punish, cause to feel guilty, act inhumane, loving, perverted and thousand other ways, in the course of their lives together. This second trend is present even in the Narcissism and Instincts papers. In both essays, the metapsychological formulations appear in the beginning and, in both, homage is paid to physiological reductionism; that is, there are attempts to link "libido" with the biological functions of sexuality and the hope is expressed that some day all will be explained in "scientific" terms. But as the essays progress, these trends fade and the main focus of Freud's interest becomes clear: On Narcissism is a discussion of the course of human love, and particularly of the complex interplay between love of self and love of others. It contains much more as well: ideas about schizophrenia, the origins of conscience and the development of male and female identity -- all topics that in no way can be reduced to physiological mechanisms or energies. Instincts and Their Vicissitudes deals with closely related themes and turns, in its later sections, to a discussion of the course of love and hate, and the ambivalence characteristic of intense human relationships. If the early version of instinct suggested that a "scientific" metapsychology, if taken literally, was of little use to Freud's central concerns, the later sections of these papers make clear what these concerns are. And they make clear, as well, that the metapsychological language is almost wholly metaphorical,

it is a way of describing the inner or symbolic representations of human emotions and relationships.

These examples of the way Freud stylistically bridges the gap between the two paradigms have been taken from the area of metapsychology. The same mixture of views and assumptions can be found in his case studies, some of which we will examine shortly. While the mechanistic terminology of the metapsychology is given life with an anthropomorphized language, the clinical discourse is mechanized with a terminology of "energy," "discharge," "cathexis," and "objects."

WHY THE AMBIVALENCE REMAINED UNRESOLVED

The examples just reviewed illustrate how Freud, with his particular style, maintained the two paradigms in an easy coexistence. It was important to him to retain his connection with the past -- with reason, science, objectivity and the conventional world -- as he opened up the new reality of the unconscious. He did so for several reasons, which I have mentioned briefly in earlier discussions. Let me summarize and elaborate them here.

Freud's education created a strong predisposition in favor of theory phrased in a language of forces, objects and energies. In addition, his commitment to a particular version of science coincided with his personal ambitions. A good scientific theory was one that brought diverse phenomena together in a simple or elegant explanatory framework. The more observations that could be accounted for by a small number of principles, the more "powerful" the principles

appeared to be. In this sense, Freud was looking for the psychological laws of gravity, a kind of scientific theory building that fit well with his ambitions, for we know by his own account how disappointed he was at not receiving recognition for his early work with cocaine, or how he envisioned a plaque being erected to commemorate his discovery of the meaning of dreams. In The Studies and other early papers we see him struggling with the then current diagnostic terminology of the neuroses -- "hysteria," "neurasthenia," "psychasthenia," "obsessional neurosis," "actual neuroses." What could all these conditions have in common? He searches for a scientific principle that will provide a unifying explanation and finally discovers -- or invents -- it: sexuality. Thus, his discovery of the role of sexuality in the neuroses, and his attempt to frame it as a single wide-sweeping causal force -- linked up with conventional science through the metapsychology -- is his bid to become the Newton of the mind.

Freud's commitment to science and his personal ambition played their roles in the creation of a theory built around sexuality as a single, quasi-physical force. And they account, as well, for the retention of this theory long after it could have been abandoned in the face of new argument and clinical evidence. But these were not the major reasons for the persistence of this view. They capture part of the truth -- they point up the role of the male-heroic in Freud, the scientist and man of reason, the ambitious male whose courage took him into realms where others feared to venture. But there was a larger reason for the persistence of the conventional view of sexuality, one more complex and difficult to describe. It was this: using the new method of psychoanalysis, Freud found himself confronted with the

horrible underside of the modern state: the exploitation of women; the corruption of love and pleasure; the mistreatment of children in the most respectable -- the "nicest" -- of families; death, loss and separation, so badly mourned, so incompletely dealt with; and madness -- insanity itself -- with its terrifying fears and painful consequences. The "neurotics" he worked with were, in this sense, the victims of civilized progress, their unconscious conflicts -- and his own as he came to see in his self-analysis -- contained the symbolic record of their victimization. The disturbance in their sexuality -- especially when this referred to relationships of love, affection and sensual gratification rather than merely the discharge of libidinal energy -- was certainly a painful side of their civilized lives, but it was by no means the whole story.

Now when one confronts a truth like this, a truth that most members of respectable society have a stake in denying, one can adopt a revolutionary stance and tell others of the realities they would rather avoid, or one can go along with the prevailing rationalizations. Freud does both. On the one hand, he confronts his culture with its own denied secrets and develops a method which provides access to the disguised, covered-over, or unconscious side of life. And he formulates a critical theory about this secret realm: it is driven by sexuality -- a sexuality in which love has been corrupted by anxiety and painful symptoms. But, at the same time, he constructs a scientific appearing theory -- the metapsychology -- that turns away from painful human experience, from socially induced conflict and, in effect, blames all on the sexual instinct itself. If there are conflicts in the unconscious, if neurotics suffer disturbance in their

sexual lives, it is because libido is an antisocial, selfish narcissistic, disruptive force. In this second view, sexuality becomes a scapegoat, just as women, children, and the feminine, soft and loving side of men were scapegoats.

In much of the discussion so far I have made two points which demand a more detailed examination. I have claimed that the mixture of assumptions and values arising from the incomplete transition in paradigms is characteristic of the case studies and clinical material as well as of the metapsychology and I have argued that the conventional bias against sex is bound up with similarly prejudicial views about women and the wider set of qualities deemed feminine. I shall support these claims with evidence from three of Freud's cases that deal with women.

THREE WOMEN: ANNA O., KATHARINA AND DORA

Anna O. is the first of the five "hysterics" -- all were women -- discussed in The Studies. Her initial breakdown arose out of the long vigil she kept by the bedside of her dying father. She collapsed with a great variety of symptoms: she would be in and out of different states of consciousness, slept or kept to her bed during the day and was awake most of the night, developed various somatic symptoms -- paralyses and partial paralyses, disturbances of vision and hearing, loss of appetite and/or peculiar eating habits, a severe "nervous cough" -- and had terrifying hallucinations of death's heads and skeletons. There was much anger and symbolic rebellion in her "sickness," much fear, anxiety, guilt and self-punishment, including strong suicidal impulses, and much depression.

She was a person with other qualities as well:

This girl, who was bubbling over with intellectual vitality, led an extremely monotonous existence in her puritanically-minded family. She embellished her life in a manner which probably influenced her decisively in the direction of her illness, by indulging in systematic day-dreaming, which she described as her "private theatre." [p. 22]

How much is contained in this brief description! Breuer and Freud focus on the habitual use of fantasy in the prebreakdown period as a clue to understanding the form her illness took. Their discussion moves on to detail her symptoms and the complicated course of her illness which began during the period when she devoted her full energy to nursing her dying father. But what about that "monotonous existence" and the "puritanically-minded" family? We know that women at this time, no matter how energetic and intelligent, had little opportunity to be other than wives, mothers and servants to men. Anna was extremely talented; during her illness she expressed herself, apparently with great competence, in four different languages; Breuer describes her as, "markedly intelligent, with an astonishingly quick grasp of things and penetrating intuition." Anna literally worked herself into a state of mental collapse as she cared for the father of whom she was "passionately fond" -- and whom she no doubt also secretly resented. Her family seemed to think it quite acceptable that an intelligent and attractive young woman should "love her father" even when this trapped her in a romantic relationship without possibility of mature fulfillment; it kept her in a position of rivalry with her mother and blocked relationships with other men. And beyond this, the family seemed unaware of what was happening to

her, nor did they try to prevent her from driving herself into a state of insanity.

All of this is there to be seen in the Case of Anna O., the complex way in which her "neurosis" reflected her exploitation within a father-dominated family. But, although Freud and Breuer present us with the material to view Anna in this way, this is not what they themselves focus on. Their emphasis -- and this is very clear in Freud's final chapter -- is on the blocked sexuality *per se*. This was a central feature of Anna's conflicts to be sure, but it can only be understood within the larger context of patriarchy and the limited opportunities open to women, and her particular exploitation as a woman within her family.⁵

The second case to be considered is Katharina, a young woman who Freud encountered while he was on vacation in the mountains. It is the briefest of the cases reported in The Studies. She approached Freud, knowing he was a doctor, and described her complaints: shortness of breath, pains in the head, a crushing feeling in her chest, and a frightening image of an angry male face. With his striking powers of observation and intuition, Freud determined that she was suffering from anxiety and hysteria and traced the symptoms to certain traumatic sexual experiences.

In the original version of the case, Katharina is described as living with her "aunt" and "uncle." The symptoms first arose when she accidentally discovered the uncle having sexual intercourse with her "cousin." She was upset and frightened at the discovery, and anxiety -- shortness of breath, hammering in the head -- appeared

later in the form of her neurotic symptoms. Freud pursued the matter and discovered that the sight of the uncle and cousin was traumatic because it connected to memories of earlier experiences in which the uncle had attempted to force himself on Katharina sexually (she was fourteen years old at the time). Katharina later told her aunt of the attempted seduction, and that led to angry disputes and an eventual divorce. During that time, the uncle was particularly outraged at her -- hence the image of the angry male face that was part of her symptom picture.

In his discussion of this case, Freud focuses on the connections between the sexual experiences and the symptoms, the way the girl is unaware of these connections, and how he was able to bring them to consciousness and provide some relief or cure. The experiences were traumatic because, "a mere suspicion of sexual relations calls up the affect of anxiety in virginal individuals" [p. 134]. It is clear from his discussion that he views the trauma as resulting from the exposure to sex at an immature age; that is, things would presumably have gone better for Katharina if she had been appropriately sheltered from the frightening facts of life.

In a footnote to the case of Katharina, added in 1924, Freud reveals that the "aunt" and "uncle" were, in fact, her mother and father. He states, "The girl fell ill, therefore as a result of sexual attempts on the part of her own father" [p. 134]. We can add, from the evidence he makes available, that not only did her father attempt to seduce her on several occasions, and presumably

successfully seduced her sister -- the "cousin" whom she caught him with -- but later turned on her in anger and attempted to blame her for the breakup of the marriage. In the light of these factors, one sees it was not her exposure to sexuality at an immature period that was traumatic, but an exposure to incestuous, guilt-inducing attempts at seduction by the father whom she was dependent on, probably loved and desired, and clearly feared: all at an age when she could not very well understand these matters and was not in a position to deal with them, except by developing a neurotic illness. As in the case of Anna O., Freud's glimpse into the world of family relationships, as revealed in Katharina's unconscious, shows the complex effects of sexual victimization in a male-dominated society.

Freud's handling of the case of Katharina reveals his vacillation between two different views of sexuality. On the one hand, he exposes the secret family conflicts, feeling compelled to tell the truth about Katharina's seduction by her father in a footnote added almost thirty years after the original publication of the case. Yet, on the other hand, his theoretical explanation continues to trace the neurotic symptoms to the evils of sexuality per se: that it was the mere exposure to sex that traumatized the "virginal" Katharina. This last idea -- that the very sight of sexual activity is traumatic to "innocent" young children -- has persisted in psychoanalytic thinking to the present day, where it is most commonly encountered in ideas about the primal scene, a topic we will examine shortly. Here, let us turn to the third case: Dora.

Dora is the only one of Freud's longer case studies based

on a woman. He wrote it in 1901 but delayed publication for five years. The case is a complicated one and I will only comment on it briefly to illustrate the issues under consideration. [The interested reader should see the original, S. E. VII, and the cogent discussions of Erik Erikson (1964, pp. 166-174); K. K. Lewin, and Steven Marcus 1974).

Dora, aged eighteen, a girl "in the first bloom of youth of intelligent and engaging looks," is brought to Freud by her father. She enters treatment against her will: "it was only her father's authority which induced her to come to me at all," says Freud. She suffers from migraine headaches, a nervous cough that sometimes leads to loss of voice, and other somatic manifestations. She is also -- like all the cases in The Studies, by the way -- chronically depressed. Along with these symptoms there is a good deal of hostility directed at both her mother and father. She is, in broad terms, an extremely angry and unhappy young woman who can find no meaningful direction to her life and who is fast becoming a chronic sufferer, a symptom-ridden neurotic. As in his discussion of the cases in The Studies, Freud's main purpose is to unravel the meaning of Dora's symptoms in relation to her life experiences. The case is also an extension of The Interpretation of Dreams and was written to show the connection between dreams and "hysteria." But it contains a great deal more as well.

Here is a brief outline of Freud's analysis. The father is wealthy and the dominant figure in the family. Dora, earlier in her life, loved and idealized him. The mother is described as suffering

from "housewife's psychosis"; she is a compulsive drudge, unimaginative and, presumably, sexually unresponsive to her husband. Dora apparently shares her father's scornful attitude toward her mother. The family is involved in a complicated way with another family identified as the "K's." Frau K. nursed the father during a protracted illness and, as becomes clear, they have maintained a sexual liaison for some years. Dora, at an earlier period, was close with the K's. had intimate conversations with Frau K., helped care for their young children, and spent much time with Herr K. as well.

The immediate source of her neurotic symptoms, as Freud discovers in the analysis, are two sexual advances made to Dora by Herr K. The first occurs when she is fourteen: he grabs her and kisses her on the mouth, to which she responds with "a violent feeling of disgust." When she is sixteen he makes a "proposal" when they are out walking in the Alps and she slaps his face and hurries away. While she had kept the first incident secret, she tells her parents of the second and is later enraged at her father's tendency to make light of it and accept Herr K.'s version of the event. Freud traces certain of her specific symptoms to the arousal of conflicted sexual feelings by these events and, behind them, to what he takes sexual feelings by these events and, behind them, to what he takes love for Frau K.

Two lines of explanation are at work in the Dora case. When Freud comes to explain why the arousal of sexuality should produce anxiety, feelings of disgust and neurotic symptoms, he primarily depends on the conventional view: libido or sex is itself the culprit. Along this

line there is much speculation and tracing of current material to Dora's early history of bed-wetting, masturbation and other forms of infantile sexuality. Typical are his comments on the case in a letter to Fliess in which he refers to:

solutions of hysterical symptoms and considerations on the sexual-organic basis of the whole condition. . . . the case is a hysteria with tussis nervosa and aphonia, which can be traced back to the characteristics of a thumb-sucker; and the principal part in the conflicting mental processes is played by the opposition between an attraction towards men and one towards women. [S.E., vol. VII, p. 4]

In other words, this line of explanation attributes the cause of the neurosis to sexual forces within Dora. Either she did not sufficiently renounce her search for infantile sexual pleasure, or else she has too much homosexual libido. Consistent with this focus on the role of her sexual instincts, Freud assumes that Dora must be sexually aroused by Herr K.'s overtures for he is, after all, an attractive male.

The other line of explanation is not formulated explicitly by Freud, but is implied by much of the evidence that he, with his characteristic honesty, includes in the case. From this second point of view, the arousal of sexual feeling in Dora by Herr K.'s attention is, from the outset, confounded with the conflicting loyalties and betrayals in which all the parties are involved. Frau K. is interested in the father, uses Dora as a stepping stone to get close to him, and then casts her aside once the liaison is established. The father, in effect, is handing his daughter over to Herr K. as payment for his affair with Frau K. The unspoken agreement

seems to be, "you ignore what I am doing with your wife and I will ignore what you do with my daughter. Thus we [men] can all obtain the sexual gratification we desire." And all the parties lie, cover-up and mystify. Freud himself notes,

It was possible for Herr K to send Dora flowers every day for a whole year while he was in the neighborhood, to take every opportunity of giving her valuable presents, and to spend all his spare time in her company, without her parents noticing anything in his behaviour that was characteristic of love-making [p. 35]

In other passages, Freud reveals that he knows the father to be a man who lies in pursuit of his own interests. Marcus sums it up this way:

In some sense everyone was conspiring to conceal what was going on; and in some yet further sense everyone was conspiring to deny that anything was going on at all. What we have here, on one of its sides, is a classical Victorian domestic drama, that is at the same time a sexual and emotional can of worms. [1974, p. 15]

"Victorian domestic drama" sounds a bit charming; what is described is the way a family pattern of deceit and mystification can drive certain victimized members insane. It is precisely when Dora insists on telling the truth that her father takes her to Freud so that he may "bring her to reason." As Marcus perceptively notes:

The three adults to whom she was closest, whom she loved the most in the world, were apparently conspiring -- separately, in tandem, or in concert -- to deny her the reality of her experience. They were conspiring to deny Dora her reality and

reality itself. This betrayal touched upon matters that might easily unhinge the mind of a young person; for the three adults were not betraying Dora's love and trust alone; they were betraying the structure of the actual world. [p. 17]

In addition to these issues of trust, betrayal and distortion of reality there were serious problems in her attempts at identification as a woman. The mother was cast aside as a model and Dora attempted to move into her father's orbit. But there, her closeness with Frau K. turned out to be a sham and, in a more general way, she came to sense -- and express through her moods and symptoms -- the way she was being used. It must not have seemed possible to her in that particular family-social network to be a woman without being either a victim or a beaten-down slave like her mother. As Erikson notes in his discussion of her identity struggles,

The specific social and cultural conditions of her place and time, however, determined her milieu's confusing role demands. As a woman, Dora did not have a chance. [1964, p. 172]

While Dora both suffers and receives some gratification from the family intrigues, in the end she is, like Anna O. and Katharina, the female victim of a society that gave men much more freedom and power to pursue their interests than women. The men do not escape the harmful effects of this unfair social system -- Dora's father persistently uses his various "illnesses" to legitimize his need for love, sexual attention and care. The essence of Dora's dealings with Freud, as he later realizes, is to seek revenge on him as a representative of all the other men -- her father, Herr K. -- who have used and abused her. But the

revenge contains a self-damaging side, for while a victim, she has incorporated the assumptions and mystifications of her family-society into herself and so is caught in their web. Her neurosis, her depression, her painful symptoms, her unquenchable need for revenge: all reveal the inner or symbolic version of the social conflicts that she has taken on.⁶

In sum, the Dora case shows the continued coexistence of the two paradigms in Freud. Theoretically, he explains her illness in terms consistent with the conventional view of the destructive power of sexuality: she is a "characteristic thumb-sucker," a "hysteric" who feels disgust at the sexual overtures of a man who seems, to Freud, to be an attractive suitor. Yet he includes all the other material which implicates the complex social network that makes a certain kind of sexual seduction disgusting to the victimized young girl. For reasons that no one is sure of, he delayed publishing the case for five years. I suspect this resulted from the unresolved tension between these two forms of explanation. While in the final passages he comes to recognize the transference reactions -- the way in which Dora is taking out her revenge on him -- he is still uncertain about "what a woman wants."

Freud never quite lets himself see the full nature of the evils done to women in his time. My guess is that he did not because it would have meant feeling what had been done, and what he -- like many extremely hard-working men -- continued to do to the feminine side of himself. He reveals the exploitation of women and the feminine, yet he retreats from the full implications of his own

revelation; he uncovers the secrets of the unconscious and retreats to the safety of the metapsychology. This vacillation runs through all his major statements regarding women and the genesis of masculinity and femininity. It is apparent, too, in his conception of bisexuality, a topic which we will examine in detail in the next chapter. But here, let me conclude with a discussion of Freud's more general views of the role of sexuality in neurotic disturbance.

SEDUCTIONS, SEXUAL FANTASIES AND THE PRIMAL SCENE

There is a more or less standard account of Freud's discoveries of the role of sexuality in neurosis which tells of the shift from a seduction theory to one focused on the impulses and wishes of the patient. Freud did, at one time, believe that neurosis originated in actual sexual traumas -- that his patient's memories of seduction in childhood (most frequently girls by their fathers) were true. As he reports in The Autobiographical Study of 1925 (pp. 34-35), he became skeptical that so many respectable fathers could have seduced their daughters and later came to believe that the seductions had never taken place but were fantasies made up by the patients. This second view led to the recognition of the role of the child's own sexual impulses, most extensively treated by Freud in his account of the Oedipus complex, where the focus is on the child's own desires, rivalrous-murderous wishes and fantasies. This standard account of the change in Freud's theories implies that the later versions had corrected the mistakes of the

earlier and that we now have a valid theory -- at least for those forms of supposedly typical neuroses that derive from Oedipal conflicts. A close reading of the evidence points to a more complex state of affairs, however.

The conflicting conventional and critical approaches to sexuality are active in both the early trauma theory and in later theories which emphasize the child's wishes and fantasies. While there is progressive movement beyond the simple early ideas, which attempted to explain a great deal in terms of a single trauma, to the much more complex later theories, there is also a persistence of the unresolved mixture of assumptions and values. Let me attempt to document this claim, first by an examination of one kind of sexual trauma -- exposure to the primal scene -- and then by a more detailed look at Freud's changing theories of the role of sexuality in neurosis.

From early on, Freud believed that the child's observations of his parents engaging in sexual intercourse -- the primal scene -- was typically traumatic. More than that, he postulated that the child would tend to give a sadistic interpretation to his parents' sexual activities, envisioning the father as aggressor and the mother as victim, and identifying with one or the other. Even if the child did not actually see his parents engaged in sex, he might hear them in the bedroom at night or simply construct fantasies from his observations of animals and these fantasies, like the sight of the "scene," would be sadomasochistic, traumatic and anxiety-producing. Now it should be clear that these ideas grow directly from conventional

nineteenth-century views of sexuality as evil and dangerous. Even the sight of it -- or the thought of it -- is enough to frighten an innocent young child, especially a virginal young girl! I suspect that little credence would be given to such an idea today if it were stated in these bald terms. Yet clothed in psychoanalytic garb, and backed by Freud's authority, this anachronistic idea has remained a staple of orthodox analytic theory to the present time. (See Esman, 1973, for an excellent critical review of the primal scene in Freud and a number of later writers).

It was not only young women like Katarina who were supposed to be traumatized by the sight of sex. Freud bases a major portion of his analysis of the Wolfman (S. E. , vol. XVII, 1918) around the trauma this patient presumably suffered at age one and a half when he observed his parents engaged in anal intercourse. In my opinion, the explanation of the Wolfman's pathology in terms of the primal scene trauma is extremely strained; it is perhaps the least satisfactory of all Freud's speculative case constructions. His own account, as well as much later material (see Gardinar, 1971) points to much more sustained and powerful sources of early trauma. Both of the Wolfman's parents were seriously disturbed, perhaps even psychotic, and they came and went -- both physically and emotionally -- in an erratic manner throughout his childhood. The Wolfman's disturbance was serious and longstanding and I think many experienced psychoanalysts would feel that such disturbance can hardly be accounted for by the sight of parental intercourse, at whatever age and in whatever position. That certain images or

fantasies connecting the sight of parental sex with anxiety may have remained as symbolic referents for larger and more complex forms of childhood traumas is certainly possible. But this is not Freud's hypothesis of the traumatic effects of the scene.⁷

It is curious that the primal scene hypothesis has persisted for so long since it is so culture-bound, so clearly an inappropriate generalization of European middle class values. In most primitive, most peasant, and in many nonwestern cultures where children have ample opportunity to observe the sexual activity of adults, they are not routinely traumatized by such experiences. So in this sense, the literal version of the primal scene hypothesis reflects the persistence of conventional views of sex as a disruptive instinct. But there are other ways of viewing the same clinical material, ways that stem from a critical paradigm. Perceptive psychoanalysts recognize that it is never the sight of sexual relations in themselves that are traumatic. Thus, in his careful review, Esman concludes that "evidence that observation of parental intercourse is per se traumatic to the child is not convincing; certainly, no specific pathological formation can be scribed to it" (p. 76). He goes on to note that "sadistic conceptions" of the scene, as these are seen in the child's fantasy and symptoms, result from "overt violent aggression" in the parents' treatment of the child, not from simply observing sex.

Here is how the case of Katharina would be viewed from this second perspective. As we saw, Katharina was caught in the angry dispute between her mother and father and was the recipient

of her father's rage and rejection. What is more, the seducing father had a stake in keeping his daughter "innocent" regarding sexuality, for by doing so he could satisfy himself and cover up his crime: thus, he lied to her, threatened her and attempted to mystify his sexual advances.

When one examines sexuality -- and such related areas as masculinity-femininity or the autoerotic activities of childhood -- in this way one moves toward a critical appraisal of society. In contrast, idea that the sight of sex is in and of itself traumatic -- that it gives rise to anxiety and sadistic fantasies -- has remained for so long in psychoanalysis because it is politically safe. Like the metapsychological conception of a disruptive sexual energy, the primal scene hypothesis deflects attention from the interpersonal and social experiences that make sex frightening rather than pleasurable for some persons or that connect intercourse with aggression or masochistic suffering. As the case of Katharina -- and Dora even more so -- illustrates, such a view allows one to neglect what is meant to be a woman in a male-dominated society. For this fact is much more central in the genesis of disturbed or "neurotic" sexuality than is the mere sight of parental intercourse or the fantasies that the child might invent. Indeed, it was their domination and exploitation by men that caused many women to have a sado-masochistic conception of sexual relations.

What is true of the primal scene is true of other sexual experiences of childhood: they became "traumatic" -- they become connected with anxiety, guilt, and neurosis -- by virtue of their

specific treatment within a family and society. In summary: traumas, whether single events like a seduction, or the more complex experience of an oedipal complex, may be viewed from two perspectives, one conventional and the other critical. This same mixture of paradigms can be seen in the shift from the seduction to the fantasy theory of neurosis to which we must now turn our attention.

As is so characteristic in Freud's work, the shift from a seduction to a fantasy theory involved important new insights, yet it also perpetuated conventional assumptions. What is insightful and new is the recognition of the great importance of psychical reality. Memories are constructions, and not literal or photographic reproductions; they are constructions strongly influenced by wishes, fears and conflicts. Freud's emphasis here, and the recognition that fantasy is an extremely important side of everyone's life, is part of what I earlier termed the discovery of the symbolic transformation of experience. The move beyond a crude trauma theory was part of that general shift to a psychological level of analysis with an awareness of the complex interplay of conscious and unconscious factors. But, in a sense, Freud went too far, for while childhood memories are constructions that are colored by wishes and transformed to reduce anxiety and pain, they are not wholly creations of the patient. They are based on actual experience, and the nature of this experience is crucial to the genesis of neurosis. Yet it is here that the wish theory takes a conventional turn, for Freud often writes as if the fantasies arise entirely

from the child. Where the trauma theory put the blame on seducing parents -- a strong indictment, indeed, of respectable society -- the wish theory shifted the culpability back to sexuality itself, which now appeared more devious than ever. Thus, the important recognition of psychic reality became confounded with a retreat to a conventional view of a disruptive sexual instinct.

It was another aspect of the conventional world view -- the commitment to dualistic or split conceptions -- that made it difficult for Freud to formulate an integrated account, one that gave due weight to both actual experience and to fantasy. Freud often writes as if it must be one or the other: either neurotics have been traumatically seduced or it is all a product of their imaginations -- imaginations fueled by rapacious sexual instincts. From a nonsplit perspective we would say that neither "sexual instinct" nor "reality" exist apart from each other. Reality is a construction of the perceiver, including the reality of sexual instinct and experience. Sexual fantasies and impulses and the family-social milieu interact to shape a neurotic course of development. From this viewpoint, neurotic symptoms are the symbolic transformations of childhood experiences involving sexual impulses and parental response (seductions, desertions, betrayals), all within a social-historical context. Of course, the child's desires and impulses play their part; but all that he desires and all that actually happens to him is symbolically transformed into dream, fantasy, symptom and adult character.

This conception, which is implicit in much of psycho-

analytic thought, if rarely cast as "theory," completes the transition begun by Freud when he moved from the trauma to the wish theory. It is, essentially, a "symbolic transformation theory of neurosis" which gives a central place to the traumas of early life -- for no one becomes seriously disturbed without them, though they are certainly not restricted to seductions or to sexuality -- and to the imaginative and otherwise active participation of the person who becomes disturbed.

How does this symbolic transformation theory of neurosis fit the cases we have examined? There are more ways for a father to "screw" his daughter than by actually having sexual intercourse with her. Dora's father screwed her -- as slang would put it -- in several ways, including an attempted sexual seduction by his emissary, Herr K. In a larger symbolic sense, she, her mother, Frau K, and all the Annas and Katharinas, the governesses, nurses and servant girls, the housewives and mistresses, were being screwed by the patriarchal state as well as by their actual fathers, husbands, and masters. And men, too, were victims of this one-sided society, their own femininity and maternal feelings suppressed, their own love and sexuality compromised by guilt and conflict. It is the symbolic record of all this that Freud discovered in the unconscious and, again, we see how he took both a conservative and a radical stance in relation to this revelation. In the neurotic suffering of his patients he sees the price that is paid for the success, the progress, and the power of the modern state and, after revealing much of this he draws back and, in the metapsychology

in the primal scene hypothesis, and in other views of the sexual instinct, embraces his society's version: it is the fault of sex itself, of libido.

And yet, and yet. . . . By continuing to do psychoanalysis, by continuing to listen to his patients, by subtlety of style and the interweaving of subthemes, and by his ultimate honesty he kept open a whole new way of seeing these same issues.

FOOTNOTES

1. The idea that the psychoanalytic version of sexuality exists in two forms should be distinguished from the position that George Klein takes in his chapter, "Freud's Two Theories of Sexuality," which originally appeared in my book, Clinical-Cognitive Psychology (Breger, 1969; it is reprinted in Gill and Holtzman, 1976, and appears as Chapter 3 in Klein, 1976). Klein distinguishes the clinical theory of sexuality from the metapsychological version. The clinical theory deals with the personal record of sensual experiences, their development over life, and their connection with anxiety and interpersonal conflict. The metapsychology, on the other hand, is an attempt to describe human sexual experiences in a language of force, mechanism, energy and discharge, taken over from nineteenth-century physics and neurology. Klein argues -- as have Holt, Schafer and a number of others -- that the metapsychological version is anachronistic, invalid, and that it detracts from the real insights of psychoanalysis, which are better expressed in a language of human experience and action. I am in agreement with this position, as far as it goes, and have attempted to incorporate it, and related critical analyses of the metapsychology, into the present work. But these analyses do not deal with the larger differences in world view, nor with those controversial social and political factors revolving around male and female roles, or the work-pleasure dialectic, that are under consideration here.

The two contradictory trends under discussion in the present work cannot be aligned with Klein's clinical theory-metapsychology distinction. The unresolved ambivalence -- the conflict between conventional and critical paradigms -- is manifested in Freud's conceptualization of cases, in discussions of psychoanalytic therapy and in the more general or abstract statements of theory. In other words, the conflict in world views cuts across both of what Klein terms "Freud's two theories of sexuality."

2. Contrast, in this regard, Chapter 6 with Chapter 7 of The Interpretation of Dreams, the first an extensive treatment of forms of symbolic transformation and the second a return to the reductive neuropsychology of The Project.
3. See Holt (1976) for a summary of the failure of the metapsychology as a neuropsychology -- a topic dealt with by many other authors -- and, also, for an excellent review of its failure as a theory of sexuality. Very briefly, Holt reviews evidence from many sources -- physiological, ethological and psychological, human and nonhuman -- which all converge on the conclusion that a drive discharge (or tension build up - tension discharge) theory of sexual motivation does not fit the facts. Such a theory is not valid for hunger or thirst either; about all it comes close to explaining is urination.
4. Roy Schafer in his A New Language for Psychoanalysis (1976) presents the most detailed account and critique of the mixture of the human and the mechanical in psychoanalytic theorizing. His basic

position, which is valid in my view, is that psychoanalysis is a human-psychological endeavor -- albeit one of a very special kind -- and that this fact should be reflected in its language. Schafer's own prescription is that psychoanalysts purge the mixtures and inconsistencies from their discourse and confine themselves to a language of "persons" and "actions." He presents numerous examples to show that this is what psychoanalytic statements are really about in any case, and that the other terms and models simply obscure this fact. While I don't think it likely that his specific prescriptions will be widely adopted -- old ways of thinking and talking seem hard to part with -- his general analysis is consistent with that of a number of others, it is part of a growing recognition that the mechanistic, reductionistic, and scientific models and terms in Freud's theories are remnants of old allegiances; that what is unique, new and central in his work is often described in a language that uses these old terms in new ways.

5. Anna O. was, in reality, Bertha Pappenheim (see Freeman, 1972, for an interesting account of her later life). She recovered from her breakdown and became a pioneer social worker, who devoted the remainder of her life to helping young women who had been abandoned or exploited in various ways. She never married and her anger towards men, and a generally self-controlled manner, remained characteristic of her into old age. A person displaying Anna's symptoms would probably be labeled psychotic or schizophrenic by contemporary diagnostic

standards. In fact, many of the hysterics in The Studies -- as well as Dora, whose case will be examined shortly -- show fairly severe forms of disturbance, if not psychotic than what many today would term "borderline." I mention this to counter the frequently expressed belief that "in the old days" Freud and his contemporaries worked with "classical hysterics" whose dynamics were centered around the Oedipus complex, but that we "don't see very many patients like that anymore." A close look at Freud's cases shows that he didn't see very many such patients either. Anna O. is certainly not a classical hysteric with a unresolved Oedipus complex, nor is Dora.

6. The machinations of Dora's father and the K.'s is quite similar to the actions of the psychosis-producing families described in the research of Laing and Easterson (1964), Henry (1971) and others (see Bateson et al 1956; Laing, 1969; and Lidz, 1963). There is some interesting follow-up information on Dora in a report by the psychoanalyst Felix Deutsch (1957) though he seems unperceptive and unsympathetic to her. She consults Deutsch in her early forties, still symptom-ridden, anxious and acting out her revenge on men, with her husband as principal target. Her complaints make clear that her mother's exaggerated cleanliness and annoying washing compulsions not only made her an unattractive female model in the eyes of her young daughter, but deprived Dora of maternal love as well. Thus her mother, responding in her disturbed way to her position as a woman, deprives a daughter of love, affection and a desirable

model, all factors that -- together with her complex exploitation by her father and the K.'s -- led to her lifelong anger and unhappiness.

7. As Heinz Kohut makes clear in The Restoration of the Self (1977), neuroses and other forms of psychological pathology are never a matter "traumas" like viewing the primal scene, but derive from the disturbed and disturbing matrix of parent-child relations.

As he puts it:

But clinical experience tells us that in the great majority of cases it is the specific pathogenic personality of the parent(s) and specific pathogenic features of the atmosphere in which the child grows up that account for the maldevelopments, fixations and unsolvable inner conflicts characterizing the adult personality. Stated in the obverse: the gross events of childhood that appear to be the cause of the later disturbances will often turn out to be no more than crystallization points for intermediate memory systems, which if pursued further, lead to truly basic insights about the genesis of the disturbance. Behind the seeming importance of a child's sexual overstimulation and conflicts with regard to his observations of parental sexual intercourse, for example, often lies the much more important absence of the parent's empathic responses to the child's need to be mirrored and to find a target for his idealization. It is, in other words, deprivation in the area of the sustaining matrix of empathy, not the pressure of the child's curiosity (which is not pathogenic) that, via depression and other forms of self pathology, leads him to an excessive (pathological and pathogenic) involvement with the sexual life of his parents. [p. 187-188]